

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 1196
Registered No. 106

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 372 Bykes Ave. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Francisca Munoz
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child female To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth March 9 1928
Month Day Year

8. FATHER Full name Alfonso Munoz 14. MOTHER Full maiden name Maria Carneyo

9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 33 (Years) 16. Color or race Mexican 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) _____ (State or country) Mexico 18. Birthplace (city or place) _____ (State or country) Mexico

13. Occupation Miner 19. Occupation Housewife
Nature of industry Nature of industry

20. Number of children of this mother 10 (a) Born alive and now living 6
(Taken as of time of birth of child herein certified and including this child). (b) Born alive but now dead 4
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 3:30 A m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Fr. To Miller
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____ Filed March 15, 1928
Registrar. B. E. Dwyer Registrar.

649-309-436